

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicants: Hiroaki SHIMOKAWA

Group Art Unit: 1614

Appl. No.: 10/597,357

Examiner: Meghan Finn

I.A. Filed: January 27, 2005

Confirmation No.: 9832

For: THERAPEUTIC AGENT FOR VASOSPASM ACCOMPANYING BYPASS
OPERATION

SUPPLEMENTAL INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents
U.S. Patent and Trademark Office
Customer Service Window, Mail Stop
Randolph Building
401 Dulany Street
Alexandria, VA 22314

Sir:

Pursuant to Applicants' duty of disclosure under 37 CFR §1.56 and §§1.97-1.98, Applicants hereby direct the Examiner's attention to the documents listed on the attached Form PTO-1449, which are documents cited in Office Actions for Chinese Application No. 200580003480.6, which is a corresponding application for the above-reference application. Applicants submit herewith two Chinese Office Actions, along with the English translations of the relevant portions of the Office Action. In addition, the English translation of the relevant portion of a third Chinese Office Action is also submitted herewith. This citation does not constitute an admission that the references are relevant or material to the claims. It is respectfully requested that the listed references be considered by the Examiner and formally made of record in this application.


The Examiner is accordingly requested to consider each of the documents listed in the Form PTO-1449, and to make them of record in this application by initialing in the appropriate

spaces on the Form PTO-1449. Applicants respectfully request that the Examiner include a copy of the initialed Form PTO-1449 with the next communication from the U.S. Patent and Trademark Office.

Applicants file this SIDS after a First Office Action on the merits, and prior to a Final Office Action, and thus, submit herewith payment of \$180.00 for consideration of this information. If any additional fee is necessary to ensure consideration of the submitted materials, the Patent and Trademark Office is hereby authorized to charge Deposit Account 19-0089.

If the Examiner has any questions, the Examiner is invited to contact the undersigned at the below-listed telephone number.

Respectfully Submitted,
Hiroaki SHIMOKAWA


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